UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1,	FORM B For use by candidates and new employees	APR 0 2 2010
	ne Telephone: 3/9,334.3704	2010 APR 12 AM11: 23  (Office Use Only)
Filer Status  Candidate for the House of Representatives District:  New officer or employee  Employing Office:	cof Check if Amendment	A <i>\$200 penalty</i> shall be assessed against anybody who files more than 30 days late.
In all sections, please type or print clearly in black ink.  PRELIMINARY INFORMATION — ANSWER EACH OF THE	ESE QUESTIONS	
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  Yes  No  If yes, complete and attach Schedule I.	IV. Did you hold any reportable positions on or of filing in the current calendar year or in the pri If yes, complete and attach Schedule IV.	pefore the date or two years? Yes No
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  If yes, complete and attach Schedule II.	V. Did you have any reportable agreement or a with an outside entity?  If yes, complete and attach Schedule V.	rrangement Yes No
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes  No	VI. Did you receive compensation of more than a single source in the two prior years?  If yes, complete and attach Schedule VI.	\$5,000 from Yes No No
Each question in this part must be answered and the	e appropriate schedule attached for	each "Yes" response.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFO	DRMATION — ANSWER EACH	OF THESE QUESTIONS
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on S need not be disclosed. Have you excluded from this report details of such a trust ben page 8.)	Standards of Official Conduct and certain other lefiting you, your spouse, or a dependent child?	'excepted trusts" (See Instructions, Yes No No
<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" included because they meet all three tests for exemption? Do not answer "yes" unless you have Conduct.	ome, transactions, or liabilities of a spouse or during transactions, or liabilities of a spouse or during transactions. The committee on Standard transactions are consulted with the Committee on Standard transactions.	ependent child rds of Official Yes No

## SCHEDULE II—ASSETS AND "UNEARNED" INCOME

Name Benjumin M. Lange

## BLOCK C BLOCK D **BLOCK B BLOCK A** Type of Income Amount of Income Value of Asset Asset and/or Income Source Indicate value of asset at close Check all columns that apply. For Identify (a) each asset held for investment or For retirement plans or accounts that do not retirement plans or accounts that production of income with a fair market value of reporting year. If you use a allow you to choose specific investments, you do not allow you to choose specifexceeding \$1,000 at the end of the reporting valuation method other than fair may write "NA" for income. For all other ic investments, you may write "NA." period, and (b) any other asset or sources of market value, please specify the assets, including all IRAs, indicate the cate-For all other assets including all income which generated more than \$200 in method used. gory of income by checking the appropriate IRAs. indicate the type of income "unearned" income during the year. For rental box below. Dividends and interest, even if by checking the appropriate box property or land, provide a complete address. If an asset was sold during the below. Dividends and interest, reinvested, should be listed as income. Provide full names of stocks and mutual funds reporting year and is included even if reinvested, should be (do not use ticker symbols). For all IRAs and Check "None" if no income was earned or only because it generated listed as income. Check "None" if other retirement plans (such as 401(k) plans) generated. income, the value should be that are self directed (i.e., plans in which you asset did not generate any income "None." during calendar year. have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the (Specify: For Example, Partnership Income or Farm Income) ABCDEFGH JK **Preceding Year Current Year** account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and iii liii liiv v vi vii viii ix x x n miv v VI VII VIII IX ΧI its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. \$25,000,001 - \$50,000,000 EXCEPTED/BLIND TRUST \$5,000,001 - \$25,000,000 Exclude: Your personal residence(s) (unless \$1,000,001 -- \$5,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$500,001 - \$1,000,000 there is rental income); any debt owed to you \$100,001 - \$250,000 \$250,001 - \$500,000 Other Type of Income \$50,001 - \$100,000 by your spouse, or by you or your spouse's \$50,001 - \$100,000 \$1,001 – \$15,000 \$15,001 – \$50,000 Over \$50,000,000 NONE \$15,001 - \$50,000 \$15,001 - \$50,000 child, parent, or sibling; any deposits totalling Over \$5,000,000 \$5,001 - \$15,000 \$5,001 - \$15,000 GAINS \$1,001 - \$2,500 \$2,501 - \$5,000 - \$2,500 \$5,000 or less in personal savings accounts; \$201 - \$1,000 \$201 - \$1,000 any financial interest in or income derived from DIVIDENDS \$1 - \$1,000 INTEREST U.S. Government retirement programs. CAPITAL ( \$1,001 If you so choose, you may indicate that an RENT None **81** – : asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. SP Mega Corp. Stock Royalties Indefinite. DC, Examples: Simon & Schuster 1st Bank of Paducah, KY accounts X ING BDMXX

## SCHEDULE II—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Bonjamin M. Lange

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	BLOCK A	BLOCK B												BL	_oc	кс	BLOCK D															
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## SCHEDULE II—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Benjamin M. Lange Page 3 of 3

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SP, JT, DC			CD	E	F G	Ħ	\$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000		Over \$50,000,000	NONE	DIVIDENDS	EST	SN	EXCEPTED/BLIND TRUST	None	\$1 - \$200	rin .	\$1,001 – \$2,500 <	v V	T VI	VIII	ΙX	\$1,000,001 - \$5,000,000 ×		\$1—\$200	III	\$1,001-\$2,500 < <b>a b</b> \$2,501 - \$5,000 <	VI.	VIII	/III IX	X XI
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